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Original Communications.

TYPHOID FEVER.

By J. B. S. JACKSON, M.D.

(Concluded from page 96.)

IN the 43 fatal cases of fever that I have spoken of, the "solitary glands" were "developed" in 20, not developed in 11, and in 12 they were not noticed. Negative facts of importance should be recorded as well as the positive, but as I have already said, my records, though generally much detailed, were not made with reference to any future use, and I can only say, now, that in a large majority of the above 12 I believe that the solitary glands must have been very little if at all affected. These glands are said by the best modern anatomists to consist of a single closed follicle, and to resemble those that in the aggregate make up a Peyer's patch. I have spoken of the small patches that differ in many ways from the larger ones, but I have never seen a gradation from one follicle upwards. If the solitary are so related to the aggregate glands, I should suppose that when the last were inflamed in typhoid fever, the first would be also; and, if not, I should infer that there were none to be inflamed. But, when there is any affection of them, it is something very different from that of the large patches. So far as has been generally observed, here as well as elsewhere, the solitary glands appear as small, rounded, dense, solid bodies, in or just beneath the mucous membrane, and without the least redness or any other appearance of inflammation. There are, however, exceptions. In one case, for instance, in which these bodies were very numerous, and some of them as large as a pea, there was a broad red areola around some of them near the cæcum. In another, they were large, very prominent, "vividly red" in the lower part of the ileum, and one was ulcerated at the summit; the inflammation being strongly marked, but the color very differ-

ent from that of the Peyer's patches, as usually seen. In a third case, very many of the solitary glands were inflamed, and many were ulcerated at the summit and stained with fæces; but the ulceration in this, as in some other cases that might be mentioned, seemed confined to the summit, and did not extend into the depths of the little body, as in the inflamed Peyer's patches. Louis found these bodies more or less diseased in twelve cases; somewhat red in two, and ulcerated towards the cæcal valve. Reynolds says they are enlarged in "many cases" of typhoid fever; appearing at first sight like a fine miliary eruption, afterwards becoming larger and more opaque, and the mucous membrane then looking as if studded with pustules; but he has almost always found them solid, and only once a yellow pultaceous matter within. In regard to these "solitary glands," I have never had any definite opinion, and I see that Aitken, as well as Louis, questions their follicular character. They have been called tubercles, and, I suppose, on microscopic evidence; but there is probably as little relation between them and what the modern pathologists call tubercles as there is between the pus corpuscle and the white blood globules. If the microscope shows differences between what had been regarded as similar formations, it shows an identity in others which in their nature must be very different.

In the large intestine the solitary glands were developed in 11 cases, not developed in 3, and in the others no record was made; in regard to these last, I think we may infer, as in the case of the small intestine, that in a large majority they were but little if at all affected. The form of disease was not very unlike that already described, but the granulations were generally smaller, and occasionally showed the black point that suggests the idea of acne punctata. Ulceration was very rarely seen. Ulcers, however, that I supposed to originate in the mucous membrane and not in the follicles, I found in twenty-six cases. In 3 their

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absence is recorded, and in the remainder I suppose that it generally might have been. Inflammation of the mucous membrane, without ulceration, is also recorded in three cases. Whatever the disease was, it was generally most marked upon the right side, and especially towards the cœcum, as elsewhere observed; but to this rule there were some marked exceptions. In one case the solitary glands were greatly enlarged, and more or less so throughout the intestine, though they were less numerous upon the left side. Several showed an orifice upon the summit, and several were ulcerated. There were also a dozen ulcers or more in the mucous membrane, and mostly in the rectum. In a second case, very extensive and acute inflammation from the cœcum to the rectum. In a third, about a dozen ulcers in the descending colon. In a fourth, considerable acute disease, and mostly in the first third, but extending into the rectum. Peyer's patches were very little inflamed in this case, and there was more disease in the large than in the small intestine. One case was remarkable for the great number of ulcers; there being thirty-seven of the size of a split pea in the first four inches, and some in the ascending colon and arch. In one, the appendix cœci was ulcerated. Louis found the solitary glands affected only eight times, and they were generally few in number, red, and mostly ulcerated at the summit. Ulcers in the mucous membrane he met with fourteen times, and in ten cases they were in the cœcum, but extending more or less to the further parts of the intestine; there were generally only two or three, rarely a dozen. Aitken found the colon ulcerated seven times in twenty cases. Reynolds found the small and large intestine equally affected in many cases; occasionally the large intestine was most so; and in one the solitary glands of the large intestine were almost exclusively the seat of disease—the small intestine being unaffected. There appears, then, to be a considerable variety in the changes that have been observed in the large intestine at different times, in typhoid fever.

The enlargement and inflammation of the mesenteric glands, which is so constantly found, has been regarded by some as an independent affection, but I have always looked upon it as secondary to the intestinal—as an inflammation of the bronchial and inguinal glands is secondary to pneumonia and gonorrhœa. The fact, however, observed by Louis, that they may be inflamed opposite to patches that are healthy

favors the idea of an independent origin, and I think that I have seen such cases; but I would not so readily allow it when the patches in the neighborhood are inflamed. In some of my cases they had gone on to suppuration, and had become cheesy; and this has been often enough observed elsewhere. Niemeyer remarks that they not merely become caseous, but at last cretify. I should suppose, however, that every trace of fever would have passed away long before anything like cretification would be found.

Of the other organs in typhoid fever, Rokitansky and Niemeyer have found the stomach congested, but they say nothing of ulceration. Louis found this last four times; and I have found it five times in twenty-five cases in which I examined the organ. The spleen was very generally enlarged and otherwise changed in the early stage of the disease, as usual; but sometimes in the third week, if not in the second, I think I have found that it had resumed its normal appearance. Louis found it from three to five times larger than in health in seven cases, and after the thirtieth day normal or nearly so. Rokitansky and Niemeyer say that it is from two to six times larger than natural; but this is far beyond what has been observed here. These last authors make the very important statement that the organ may rupture spontaneously—an accident that I have never seen any other allusion to—and that it would be well for those to bear in mind who are in the habit of making deep pressure over the organ, in their curiosity to feel for and limit it. Rokitansky alludes to suppuration of the spleen and other organs, and in one case I found lymph and pus in the spleen in two places, with peritonitis over it. Peritonitis has occurred twice at the Hospital, I think, independently of perforation. These cases I made no record of, though I attended the examination of one of them, and I think that in that one, if not in both, the disease was supposed to have been communicated from a case of erysipelas, as I have seen to happen in the case of a healthy individual. Louis speaks of what are sometimes regarded as *post-mortem* intussusceptions, but I know of no case of that other form of intussusception that is so generally fatal, excepting the one that occurred here some years ago in the practice of Dr. J. Bigelow, and that I examined and have a full record of; the specimen is preserved in the Medical Society's Cabinet, and the case is published in the Catalogue. Hæmorrhage from the female genital organs is a frequent oc-



currence, according to Niemeyer, but I have examined only one case in which it had been observed. The respiratory organs, he says, are always affected, as shown by redness of the mucous membrane and hypostatic congestion and condensation of the lungs, and this has been generally seen here; but I am not sure that I have ever seen proper pneumonia, to which he refers as sometimes occurring. The edges of the epiglottis I have several times seen ulcerated, or rather eroded, as described by Louis; the fibro-cartilage being exposed, and the surrounding substance perfectly healthy. Ulceration of the pharynx he also describes, and Aitken says that it occurs in one third of the cases, but I have never observed it, so far as I am aware. And, neither, have I ever seen lymph in the larynx, which Louis met with in three cases. Dr. Putnam, Sen., however, had a case of typhoid fever during the past year that recovered, but in which, judging from the symptoms, there must have been this complication.

As Niemeyer speaks of Rokitsky's description of the anatomical appearances in the ileum in typhoid fever as "unsurpassed," I would like to allude to some statements that he makes, and that may be found in the English edition of his work on Pathological Anatomy. He refers to the many hundreds of cases of fever that he has seen; and it would have been much more satisfactory if he had given the results of his immense experience more definitely than he has, even if his cases had not been tabulated; but the Germans, laborious as they are, do not seem disposed to this kind of investigation. The condition of the mucous membrane before the patches become inflamed he describes with some minuteness. He evidently refers to the membrane generally, and not to the membrane around the individual patches as they become successively inflamed; and one can hardly conceive how he could have had any opportunities to make such an observation. Typhoid fever is a disease that generally comes on insidiously, and patients do not die in the very earliest stage, as they sometimes do in scarlet fever and in the fevers of the tropics. The affection of the jejunum, the colon and the stomach he regards as "anomalies." The cœcum has often been found ulcerated; but Rokitsky, without alluding to this point, only speaks of the tricocephalus dispar that he has found in greater or less numbers—probably a mere coincidence, and that some observers would hardly think worthy of notice.

The typhous product, he says, presents the greatest analogy with a cancerous, medullary growth; but, though every one must have noticed the gross, physical resemblance to which he undoubtedly refers, it seems very strange to speak of an analogy between formations that are so entirely different in their nature—it being understood that the English term expresses the idea of the author. The development of the typhous process, he says, is sometimes arrested, and we shall then find no intestinal affection, in which case we must watch closely the other mucous membranes; "or, the process, without being localized, may run its entire course in the blood." This doctrine will, I think, strike most of us very strangely; and, as coming from so high an authority, it would be well to remember it when we have diagnosed typhoid fever and find nothing on dissection. We should very naturally ask Rokitsky how he recognized the disease, and how he explained the death. He considers the disease very unfrequent before puberty, and the same remark, essentially, has been made here, as already stated. We must not, he says, consider every typhous appearance of Peyer's patches in early life as genuine typhus. In the acute dysentery of one young child, at least, I have seen very intense inflammation of the patches, as shown by deep redness and a thick coating of lymph; and, within a year or two, Dr. Webber exhibited a very fine specimen of acute follicular inflammation of the large and small intestine, and in which the patches were affected very much as in the above case of dysentery; but no one would have thought of confounding either of these cases, anatomically, with typhoid fever. The mesenteric glands, he says, may reach the size of hens' eggs—certainly a very extravagant statement in regard to a single gland, however true it might be of an aggregation. He also frequently finds extensive extravasations of blood, and this is a statement that I have never met with in any other author, nor verified here. Typhous laryngeal phthisis, with necrosis of the cartilages, he says, is not unfrequently a complication of typhoid fever. I have already referred to the very simple erosions along the edges of the epiglottis, with exposure of the fibro-cartilage, that I have met with, and nothing more has ever been seen here, nor have I ever seen any allusion to the very grave disease described by Rokitsky. Phthisis may supervene on typhoid fever, and the disease may commence in the larynx, as it does sometimes, but it



would be only a sequel of the fever and no proper part of it. He probably uses the term "phthisis" in a broad sense, and refers to some destructive disease of the organ, and of which, as I say, I have no knowledge.

*Boston, August 7, 1872.*

### PALPATION IN OBSTETRICS

AS PRACTISED IN GERMANY.

By JAMES R. CHADWICK, M.D. Harv., Boston.

(Concluded from page 116.)

#### *Complications of Pregnancy revealed by Palpation.*

*The Death of the Fœtus* during pregnancy can never be recognized with certainty, but may be suspected from the following signs: the general flabbiness, and want of fixed shape of an abdomen, which had previously been firm and resistant, as well as difficulty in defining the outline of the uterus; the impossibility of feeling the spontaneous movements of the fœtus (very unreliable); the softness and non-resistance of the fetal parts, and their remaining passively in any spot into which they are pushed; the non-ballottement and soft feel of the head.

Confirmatory evidence is derived from the fact that the fetal heart sound, which have been audible to a skilled auscultator, can no longer be detected in any region of the abdomen. (The heart sounds are best heard when the back is directed forwards, and the limbs backwards and out of reach, and *vice versa*.)

*The Size of the Fœtal Head* relatively to that of the pelvis. This, in all cases of narrow or deformed pelvis, is of the utmost importance as determining, whether the delivery should be left to the course of nature, or whether manual or instrumental interference is called for. The size and hardness of the head may be presumed from the general size of the fœtus, and estimated directly by palpation. The head can seldom be fairly grasped, and its dimensions arrived at, except when over the pubes, and even then, it requires long and constant practice, to enable its size to be calculated with any degree of accuracy.

*Hydrocephalus* is diagnosticated from the large size, and the absence of the usual hardness, of the head, as well as from its remaining above the pelvic brim, in spite of strong uterine contractions, when previous easy births, or an exact measurement

has established the normal dimensions of the pelvis.

*Contractions of the uterus* are plainly detected through the abdominal walls, and their character determined. The different conditions of inertia, atony, exhaustion, paralysis either general or partial, and tetanus, of the uterus during delivery, are thus recognized, and appropriately treated. Colicky pains, from contractions of the uterus before the full term, may be distinguished from other similar pains and proper means be taken to avert a threatening abortion or miscarriage.

*Retroversion* of the pregnant uterus is commonly first indicated by retention of urine, and colicky abdominal pains; on palpation the bladder will be detected, extending often as high as the umbilicus. The uterus will be out of reach.

*Rupture of the uterus*, during natural delivery, occurs, according to C. Braun, from the violence of the contractions, and is located, transversely, at the junction of neck and body. It can only be certainly diagnosticated from the vaginal examination, but may be suspected from the sudden cessation of pains, previously severe, from the great change in the position of the fœtus, and the retreat of the presenting part, from the recognition of the contracted uterus as a hard turner upon one side, and from the greater distinctness with which the fœtus having escaped into the peritoneal cavity, is felt. When the fœtus does not thus escape, the fundus uteri commonly falls to the opposite side to that in which the rupture has taken place, owing to the local paralysis of the latter. The abdomen becomes large, and fluids collect in its deep parts.

*Tumors*, such as fibroids, ovarian cysts, &c. The former will often mar the symmetry of the uterine contour, and may then be carelessly taken for the small extremities, or even a second fœtus; their persistence in one spot, in spite of manipulation, and their possible want of accord with the position of the fœtus will dispel the illusion. Ovarian cysts can generally be made out as distinct elastic tumors, separated from the uterus by a well-marked furrow.

#### *Hindrances and Expedients.*

*Tension of the abdominal walls*, when due simply to the unusual dilatation as often happens with primiparæ, may generally be overcome by attention to the details of examination, given in the early pages of this paper. Yet this condition will occa-



sionally prove so obstinate as to render palpation fruitless. Percussion may then be resorted to.

*Muscular contractions* of the abdominal and uterine walls. The latter are involuntary and unavoidable, unless through the delicacy of the explorer's touch. The intervals between the spasms must then be made the most of. The abdominal muscles are, for the most part under the influence of the will, and should but rarely prove an obstacle to their examination. The woman's attention may often have to be distracted by conversation, or better still, she should be required to hold her mouth open, or to count in order to prevent her straining.

*Hydramnios* may cause such distension of the uterus as to interfere seriously with palpation. The uterus will then be large and symmetrical, even yielding fluctuation in extreme cases. The fetus is freely movable, and ballotment easy. The foetal heart sounds are weak or unheard. Too small an amount of liquor amnii, on the other hand, will allow the uterus to cling to the fetus before the contractions, and enable a long and tedious first stage of labor to be foreseen.

*Tenderness of the abdomen* is rarely so great as to interfere, seriously, with careful palpation, through a circumscribed spot may be rendered so sensitive, from the continual kicking of a lively child, especially if it be against the ribs, as not to bear the least touch. Cases, of which I have seen one, occur occasionally, in which, at any time during the early months of pregnancy, an hyperæsthesia of the peritoneum is excited by spasms of the uterus; many of the local symptoms of a subacute peritonitis, such as pain, extreme tenderness on pressure, &c., are present, with entire absence of the constitutional disturbance, effusion and other diagnostic symptoms of such a condition. The true nature of the affection has never been satisfactorily shown, so far as I can learn. It is pleasant however to feel that this state will improve with time and treatment, and have no prejudicial effect upon the regular course of the pregnancy, provided abortion is, at the time guarded against. Such a complication would evidently prevent all palpation, as might also a true circumscribed peritonitis, such as is caused by the bursting of the cyst in extra-uterine pregnancy.

*Adipose tissue*, when deposited, in great amount, in the abdominal walls, adds greatly to their thickness, and may thus form a serious hindrance to abdominal examination. No change occurs in the uterine

walls from successive pregnancies, except a little unevenness of surface in some instances.

*Ascites and Flatus* may occur during pregnancy and prevent all access to the uterus through the abdomen. They are distinguished from each other by percussion and fluctuation. *Graviditas nervosa* is a form of the latter, which is often met with at the time of the grand climacteric and may then give rise to much doubt and distress.

#### *Internal and External Examination combined.*

Thus far external examination alone has occupied our attention, but we must not pass from the application of this to diagnosis without a few brief words upon the effect of its combination with the internal examination. This method is superfluous after the presenting part is fixed or but slightly movable. When, however, it is freely movable, or when the fetus is too small to be made out by palpation alone, and again in complicated or obscure cases, this combination may be employed to great advantage. Before the uterus has risen above the brim of the pelvis, i. e. in the first three lunar months, a finger in the vagina and a hand upon the abdomen may hold between them the enlarged uterus, and from its size, growth, consistency, &c., distinguish it from other uterine as well as extra-uterine tumors. Soon after this period, the fetus or its head may often be first recognized by its bouncing from one to the other of the hands, when thus held, and made to strike it.

Still later in the pregnancy, a hand upon the abdomen will often be required to bring down and retain the presenting part of the fetus within reach of the finger in the vagina. This is especially useful in oblique presentations, where the presenting part lies in one of the iliac regions, and may be pushed down into the pelvis by a hand applied outside of it. The same may be effected in many transverse presentations. In determining the size of the foetal head, when presenting, this combined examination will be manifestly advantageous, for the head can then be held between the hands, and its dimensions estimated with tolerable accuracy by an experienced obstetrician.

As an assistance to vaginal examination, the left hand upon the abdomen is in such constant use in Germany that no student is ever allowed to omit it. It should not, then, be applied over the



fundus uteri only, and made to press the fetus down into the pelvis, but should be moved to various regions of the abdomen. When there is any tendency to what is called "hanging abdomen," the hand will be more efficacious when pushing upwards from immediately above the symphysis pubis. In the diagnosis of twins, some aid may be derived from noting whether a push, administered to the presenting part, is transmitted to the hand upon the fundus uteri and *vice versa*.

*Palpation in its application to Treatment.*

*Version by external manipulation alone* was first recommended by Wigand in 1807, and has given so much better results than the old method by internal manipulation, or the combined one more recently brought into notice by Braxton Hicks, as to be universally given the preference in Germany. The fact that, if unsuccessful, it is perfectly harmless, and in no wise prevents the other modes of version being resorted to, raises it above reproach. Wigand himself says, "we should never neglect to try it," and later generations but echo his opinion.

The theory of the operation is merely to aid nature in her attempt to bring the fetus into the normal, i. e. longitudinal, position. It is, of course, derived from our observation of the many transverse positions that change, in the last months of pregnancy, into longitudinal, or are converted into such, by the uterine contractions, after labor has commenced.

The conditions most favorable to the operation are thin, flabby, non-sensitive abdominal and uterine walls, considerable liquor amnii, and not too large a fetus; these render the fetus accessible to manipulation and freely movable.

During contraction of the uterus, and, with very few exceptions, after rupture of the membranes, nothing can be effected by external treatment. The most suitable time is when the membranes are still intact, and the uterus makes quite long pauses between the contractions. A fully dilated os uteri is an advantage, for then, should version by external manipulation prove unsuccessful, and during the attempt the membranes be accidentally ruptured, version by internal manipulation may be undertaken, before the fetus has become fixed by the hugging of the uterine walls. This dilatation of the os uteri should, however, not be waited for, because the liquor amnii may escape at any moment, and thus the golden opportunity be irretrievably lost.

As to the question whether any good re-

sults from version during the last few months of pregnancy, in fact at any time before labor has commenced, I can only say that in Vienna the operation is now never performed at such times; Professor Spaeth has, in my presence, repeatedly pronounced any version, undertaken before labor begins, as useless. Its advocates elsewhere admit that the change in position is rarely permanent, and in these instances the operation, in all probability, but forestalls the working of nature. The proper time is as soon as possible after the first pains are felt.

If, then, it is to be performed before the os uteri is dilated, and consequently before vaginal examination will yield reliable results as to the presentation, the importance and even necessity of basing the diagnosis upon the data furnished by external examination again asserts itself.

*Manual of the Operation.*—The advantage of having the woman upon the side in which the part to be brought down lies, and thus, by causing the fundus to fall to that side, directing the head towards the entrance to the pelvis, seems to me to be overbalanced by the difficulties of the manipulation, and, especially, the impossibility of properly applying the force; the tendency of the whole operation is, moreover, to bring the fundus uteri into this desirable situation. I have seen the operation several times performed in the dorsal decubitus, and am satisfied of its superiority. This applies to the complete cross presentation, and not to the oblique, where lateral decubitus alone, if properly chosen, will result in a longitudinal presentation of the fetus.

Let the woman, therefore, be upon her back, and the physician upon that side of the bed in which the future presenting part lies, for the force will then be most comfortably and efficiently applied. Either cephalic or pelvic version may be performed, the rule being to bring down into the pelvis that end of the fetus which is nearest to it. If, however, the fetus is so movable as to render either an easy task, the head is to be chosen, from the lesser mortality attending those presentations.

While facing the woman's feet, the obstetrician lays the palm of the farther hand above and outside of the part to be brought down, and endeavors to propel it in the direction of the entrance to the pelvis. With the other hand he is, at the same time, pushing and rubbing the opposite end of the fetus toward the fundus uteri. Great force should never be applied, but manipulation and friction during the intervals between the



contractions, and steady pressure during the contractions, to prevent the loss of ground already gained, will generally effect the desired result. An assistant to work over one large extremity, while the operator confines himself to the other, is often useful. An occasional pressure upon the lower end, in the direction of the long axis of the fœtus, to start it out of the hollow in which it lies, is advisable.

As the contractions of the uterus may, unaided, perform the version, we should never overlook the chance of success through their increased violence, due to the manipulations. It is even well at times to await the effect of these.

If the end of the fœtus approaches the pelvis, agreeably to our wishes, the pressure should be maintained, until we are satisfied that the part will remain in its new place, during the pauses as well as the contractions of the uterus. For this purpose, turning the woman upon the side, whence the presenting part has descended, is to be recommended. Should it even then not remain fixed in the pelvis, it must be held there, until the os uteri is sufficiently dilated to justify a rupture of the membranes; where *absolutely necessary*, this last may be done before the os is fully dilated, but ever with great circumspection. Pads and bandages, to keep the fœtus in place, are of little avail. The moment the presenting part is firmly engaged in the pelvis, the completion of the labor may be left to nature.

Two conditions will contraindicate this method of version, a narrow pelvis and necessity for a hasty completion of the delivery; in all other cases it should invariably be tried, provided the obstetrician is not called upon too late.

To prevent hæmorrhage, in cases of placenta prævia, many authorities consider that the leg serves as a better tampon than the head, and that podalic version should then be elected.

When the fœtus is dead, great difficulty may be experienced in turning thus, because of the want of firmness in the fœtus; as soon as this state is recognized, podalic version or decapitation may even be undertaken.

In a premature birth, the version by external manipulation will generally be easy, owing to the proportionally great amount liquor amnii.

Mattei and Hegar recommend the change of breech into head presentations, to which there can certainly be no objection, provided it can easily be accomplished.

In Germany it is never thought necessary to employ an anæsthetic during this operation.

Before leaving the subject of palpation in treatment, I might be charged with oversight, did I not mention the advantage of friction and manipulation to augment the intensity of weak uterine contractions, as well as the great acceleration to delivery, in cases of "hanging abdomen," from supporting, with the hands or a bandage, the fundus uteri, which, by its falling forwards, directs the presenting part against the promontory of the sacrum, and not into the entrance to the pelvis.

I will not further emphasize the importance of palpation in obstetrics, but trust that the perusal of these pages has made the theory appear rational, and will persuade others to give it a fair trial in practice.

In justification of the high value which I claim for my subject, I will append two or three opinions expressed by leading German obstetricians.

Nægele and Grenser say "this mode of investigation has a great value, and cannot be sufficiently recommended."

Schroeder, in the last edition of his treatise, expresses himself as follows: "For the small practitioner, the determination of the fetal presentation from the external examination, under ordinary circumstances, allows less opportunity for error, than the internal, when it alone is undertaken. The first should never be omitted, since the results derived from the internal examination are subjected, through it, to the most admirable test."

Hegar of Freiburg goes even farther, and says, "If the attention of our women was called to the great advantage of this (external) examination, they would soon come to demand it. Pregnant women can be examined much oftener and by more persons externally than internally. The chief cause of the many fatal results after transverse positions is, I am perfectly convinced, that the external examination is placed in the second line, and far too great a value attributed to the vaginal examination in the instruction of students and midwives. In theory, the importance of palpation has long been recognized, but, in practice, it is too little used, and in the schools for midwives especially, too little stress is laid upon the fact that this method of examination is more important than the internal. Were this not so, then we should not be continually hearing of neglected transverse positions." Can testimony be stronger! What then are the chief advantages which



have compelled so strong expressions of opinion, in favor of palpation in obstetrics.

1st. That, by it, the period of the pregnancy may be approximately estimated.

2nd. That the diagnosis of the foetal presentations and positions may be made during the later months of the pregnancy and the first stage of labor, when internal examination yields very meagre results.

3d. That twins, extra-uterine pregnancy, the death of the foetus, the size of the foetal head, complicating tumors, and many other conditions may, by it, be recognized, long before the vaginal examination would reveal them.

4th. That the external examination may be made many times, and by many persons, without any risk of doing harm. On this account it recommends itself especially, for purposes of instruction.

#### *In the way of treatment.*

1st. That version can be performed by external manipulation with much greater chance of success than by the internal, and with this gain to the mother that the danger of inflammation and rupture of the uterine walls is reduced to a minimum, that in case of hæmorrhage or other threatening symptom, turning by external manipulation may be resorted to, if thought expedient, much earlier than the old method; and to the child that it thereby escapes the greater mortality attendant upon breech presentations.

The length of this paper bids me desist from considering the application of the combined method of treatment, and refer the reader to the able article by Braxton Hicks, published a few years since in the "Transactions of the London Obstetrical Society."

*Vevey, Switzerland, July 15, 1872.*

**ETIOLOGY OF PHTHISIS.**—In a very elaborate article, based upon careful experiments, which appeared in the last number of *Virchow's Archiv*, by Dr. Sommerbrodt, of Breslau, on the question "has blood, which has escaped into the air-passages, any etiological effect in the production of pulmonary tuberculosis?" the writer decides that it is only one among the many predisposing causes in tuberculous individuals, and that it acts by setting up catarrhal pneumonia.

## Correspondence.

### INTERNATIONAL OPHTHALMOLOGICAL CONGRESS.

MORLEY'S HOTEL, TRAFALGAR SQUARE,  
London, August 3d, 1872.

DEAR DR.,—I have not forgotten my promise, and have kept a close watch on our Congress for the benefit of your JOURNAL readers. This letter leaves by mail to catch the Liverpool (Aug. 3) boat for New York.

Wednesday evening (July 31) there was a preliminary meeting for inscribing our names. One hundred and twenty have done this. Of these, eleven are members of the American Ophthalmological Society, viz.:—Drs. H. W. Williams (Boston), A. D. Williams (Cincinnati), C. R. Agnew (New York), H. D. Noyes (New York), John Green (St. Louis), Wm. Thomson (Philadelphia), W. F. Norris (Philadelphia), Ezra Dyer (Philadelphia), D. B. St. John Roosa (New York), Chas. E. Rider (Rochester, N. Y.), and B. Joy Jeffries (Boston).

At 11, A.M., Thursday, August 1st, the Congress assembled in the Library of the College of Physicians, Trafalgar Square. The walls were hung with the portraits of the old English celebrities in medicine. Harvey's picture hung behind the President, and above were his dissections of the bloodvessels of the human body.

Mr. Critchett, in behalf of his London *confrères* welcomed, in French, the members of the Congress. He named the officers of the meeting, viz.:—President, Prof. Donders; Vice Presidents, Prof. Williams, of Boston, and Prof. Warlomont, of Brussels; Secretaries, Mr. J. Soelberg Wells and Prof. Zehender.

Prof. Donders then took the chair, and, in French, thanked the Congress for the honor conferred, and opened the meeting by the appointment of a number of distinguished ophthalmic surgeons as Honorary Secretaries, each name being received with applause.

The Congress then listened to the reading of the appended papers.

Dr. B. Joy Jeffries (Boston) had the honor to read first on the "Use of Ether in Ophthalmic Surgery." He subsequently answered the objections and questions raised during the discussion of his paper.

Dr. De Wecker (Paris) followed "On the Surgical Treatment of Optic Neuritis by opening the Optic Nerve Sheath." Considerable discussion followed this communication.



Dr. Warlomont (Brussels) presented a paper on "Sympathetic Ophthalmia," which gave rise to a long discussion, lasting till 1.30; P.M., when an adjournment took place.

The Congress re-assembled at 3 o'clock. Dr. Bader (London) exhibited a case of pannus treated by sulphate of quinine; also a case of conical cornea treated by Graefe's method.

Mr. Critchett (London) exhibited another patient with conical cornea, also operated on by Graefe's method. The following papers were then read:—

Dr. Taylor (Nottingham) on "Extraction of Cataract."

Dr. Rosier on "Proposed Alterations in the Operation of Linear Extraction of Cataract."

Dr. Warlomont (Brussels) on "Proposed Changes in Cataract Operations by Extraction through the Cornea."

Dr. Hansa (Copenhagen) on "Forty Cases of Extraction of Cataract by Liebreich's Method." A long discussion followed this communication, after which the reading of papers was resumed.

Dr. Dudgeon "On the Mechanism of Visual Adjustment." This paper was objected to by the President as containing nothing new from what he (Prof. Donders) had already published.

Dr. Woinow (Warsaw) on "Accommodation and Refraction in the Eyes of Children."

Dr. Carreras (Spain) on "Cysticercus within the Globe." Discussion.

Dr. Galezowski (Paris) on a "Case of Aneurism of the Central Artery of the Optic Papilla."

At 6 o'clock the Congress adjourned till Friday, at which time the following papers were read:—

Dr. Vose Solomon on "Section of the Ciliary Muscle for Myopia." Discussion.

Dr. Carter (London) on a "New Form of Demonstrating Ophthalmoscope and a New Form of Perimeter." Discussion.

Dr. Hogg (London) showed another form of divided lens to use in the same method of ophthalmoscopy.

Dr. Brettaner (Trieste) exhibited a series of fields of vision drawn from Förster's perimeter.

Dr. Wolfe (Glasgow) reported on eighty-two cases of traumatic cataract which he had operated on.

Dr. Pagenstecher (Wiesbaden) exhibited drawings for an Atlas of Pathological Histology of the Eye.

At 1.15 the meeting adjourned till 3, Vol. X.—No. 8A

when Mr. Taylor (Nottingham) showed a patient operated on by him in the method proposed in the paper he had previously read.

Dr. Zehender (Rostock) described a case of congenital malformation of the eyes in a child. The specimen and drawings were exhibited.

Dr. Robertson (Edinburgh) described a case of Irideremia.

Dr. Doijer (Leyden) related the case of a medical student with total absence of the iris from its position.

Dr. Galezowski (Paris) spoke of four cases of the same peculiarity.

Dr. Williams (Cincinnati) read a paper on "Ulcer Corneæ Serpens treated with Carbolic Acid," and on the "Treatment of Chronic Iritis by warm Pouliticea."

Mr. Cooper (London) on "The Ophthalmoscope as an Optometer in Astigmatism."

Dr. Javal (Paris) showed how the same ideas had been carried out on the other side of the channel.

Dr. Jeffries (Boston) on "Test Types and Visual Acuity."

Dr. Oldham on "An Improved Form of Ophthalmoscope."

Dr. Schröter on a "New Form of Binocular Ophthalmoscope after Dr. Coccius."

Dr. Samelson (Manchester) on "Diphtheritic Conjunctivitis."

Dr. Lobo (Rio de Janeiro) on "Distances between the Anterior and Posterior Surfaces of the Crystalline Lens and Cornea."

Dr. Noyes (New York) on "Muscular Asthenopia and its Complications."

Dr. Williams (Boston) here, in behalf of the American Ophthalmological Society, invited the International Congress to visit the United States at its next meeting in 1876, the Centennial Anniversary of American Independence. The proposition and invitation were greeted with applause, and the decision deferred till Saturday.

Thursday evening a very pleasant conversation took place at Mr. Bowman's, where the Congress met the Medical gentlemen of London. Optical and ophthalmic instruments were exhibited in profusion; also, very many ophthalmoscopic pictures, some of which showing optic neuritis were clearly explained by Mr. Hughlings Jackson.

Friday evening a soirée took place at Mr. Critchett's house, and the Congress was delighted with vocal and instrumental music as well as with an elegant entertainment.

Saturday, 11 A.M. Mr. S. Watson (London), exhibited his plan of applying cold



to the eye by water in small rubber bags; he also read a paper on Dermoid cysts and showed drawings of the same.

Mr. Teale (Leeds) read a paper on his operation for Symblepharon and showed two patients who had been operated on.

Dr. Wolfe (Glasgow) explained his own method for this operation.

Dr. Javal (Paris) presented the report of the committee of the Congress, recommending metrical and decimal series in trial glasses.

Dr. Schmidt read a paper on the distension of the optic nerve sheath, in optic neuritis.

Dr. Green (St. Louis) read a paper on test types modified from Snellens.

Dr. Williams (Boston) repeated his invitation for the Congress to visit America in 1876.

Dr. Delgado invited it to Madrid.

After considerable discussion the Congress decided to meet in America, in 1876.

At 1 o'clock the Congress adjourned till 4, when Mr. Power (London) read a paper on transplantation of the Cornea.

Dr. Williams (Boston) showed his needles for stitching the Cornea in cataract operations.

Mr. Bowman (London) spoke of the following operations:—1st, for precisising and placing an artificial pupil; 2d, for removal of dense papillary membranes; 3d, for double iridectomy on the same eye by two knives at the same time; 4th, for conical cornea, by trephining the cornea and other methods.

Dr. Quaglini (Naples) spoke on "Sclerotomy in Glaucoma."

Dr. — on "Cutting the Sclerotic for Glaucoma."

Dr. Noyes (New York) exhibited eye specula, and showed his form of register to be used in writing out cases.

Dr. De Wecker (Paris) then proposed that, the hour of three o'clock having arrived, the Congress listen to Prof. Donders, which the members did with the greatest attention. He spoke of and exhibited an instrument for measuring the distance between the lens and cornea. He then criticized and exploded Förster's idea that accommodation will take place when the lens was absent (great applause). He also spoke on traumatic keratitis, and in reference to the pus cells and the corneal corpuscles.

Dr. DeWecker proposed thanks to the London members for the reception given to the Congress. Prof. Donders in behalf of the Congress, thanked the College of Physicians

for the use of its Hall, and in a very impressive and elegant manner bade the Congress adieu.

The members then took the train for the Crystal Palace (Sydenham), where the dinner was to take place. Many eloquent speeches were made, which will appear in the report of the Congress. The Compté Rendus will appear in English, and will contain some other papers besides those alluded to.

I have thus kept run of the Congress, and have done all I could for you. I am now giving ether here, and will report to you on the subject in my next letter.

Yours truly, B. J. J.

## Medical and Surgical Journal.

BOSTON: THURSDAY, AUGUST 22, 1872.

### MEDICAL EVIDENCE.

SOME of the newspapers, we have observed, are following up their old trick of making themselves merry over medical evidence. The late Baltimore poisoning case made much fun for them, and the Fisk-Stokes trial gave them, for dull and hot weather, a chance to be brilliant and facetious.

There are several things to be borne in mind, and among these medical evidence is only one:—

First. The trial of Stokes was in New York; and when it is said that "these conflicting opinions (medical) may well appall a more intelligent body of men than a New York jury," the writer should remember the difficulty of getting any jury in the case, and he should remember the general history of New York politics and crimes and trials for the few months or years past.

Secondly. There are those who think they see an absurdity in jury trials as at present conducted. One has a limited right to challenge without reason. It is by no means difficult to influence some one man on many juries, and even to get the one man upon a jury to influence it. We remember hearing testimony in a case of criminal abortion some years ago, which was conclusive to us. On speaking upon the certainty of conviction to a medical friend as we were leaving court, he replied,



that there was no chance of that, for he recognized among the jury a man who had asked him to perform the same act. We long since came to the conclusion that a jury is not the body to appeal to for justice.

Thirdly. Medical evidence is often deserving of castigation. One object in publishing a medical journal is to benefit the medical profession, and, through the medical profession, the whole public. We therefore say, without hesitation, that, being very much like other men, some of the profession are very likely to be influenced like other men. We fear that the testimony of some of them may be purchased as much as that of some editors, lawyers, clergymen and merchants. We fear that being called into court, as medical experts, some of them are mistaken, and think that they belong for the time to the party who called them. It is not so. They may be engaged to aid one or other counsel in making up the case; they may be engaged to point out the ignorant or false statement of some conceited or perjured witness; but upon the stand the medical expert swears to tell "the truth, the whole truth, and nothing but the truth."

The medical witness should bear in mind that he is telling his story to men out of his own profession. He has no right to attempt making a display. He has no more right to talk to a jury in scientific words, when other words will tell an intelligible story, than he has to talk to them in Hebrew. He has only to bear in mind that he is to tell what he knows, and he need not be one bit afraid to say "I don't know." He will show more ignorance, and prove it too, if he undertakes to enlarge upon what is not perfectly familiar to him. There is no reason to fear hard usage in a cross-examination, if he tells "the truth and nothing but the truth." The court will protect him, in Massachusetts at all events, against any ill-usage by counsel, if he only works honestly. If a question is put which he does not understand, it will be repeated if the repetition is desired; and if some sly dog couples questions together for the purpose of confusing the witness, he has only to ask for a division of the question. Let

him remember, above all things, that the opposing counsel does not know him, has no personal feelings towards him, wouldn't recognize him a week hence, and is only doing the best for his client in court, as he himself would do the best for his patient in bed.

There are mean men in all professions and trades. We are very sorry that it is so, and that the medical profession is not exempt from the general disease. If, in consequence of this peculiarity of mankind, "the public must take its choice between suicide, shock, opium, probing and peritonitis," as in the Fisk-Stokes case, we can only say that when some business men who are *otherwise* good members of society are willing to do their duties as jurors, instead of playing soldier and playing sick, we shall have fairer trials and more justice from juries. As for medical men and their testimony, criticize the particular men as much as you will, and show up all the false evidence you can, but remember that the profession is not responsible for individuals, nor for individual statements.

#### THE VALUE OF OLD MEDICAL WORKS.

In a notice of a recent small work on the general characteristics of acute catarrhal affections (*L'Union Médicale*, June 22d ult.), the writer says:—Here we have, by good luck, a physician, who, though attached to the modern anatomical school, acknowledges that there are pathological conditions, well marked and daily under our observation, to which, nevertheless, it is impossible, even on the dead subject, to assign an exact seat. Such are acute catarrhal affections, which the Germans have tried in vain to point out, on the table of the amphitheatre or in the laboratory of micrography, which form a group well studied by the ancients, yet, with all our means of investigation, are little accessible to philosophical analysis.

M. Bougeron's book, says the writer, is worth reading and study. Its closing words are quite noteworthy:—

We must go far back he says, and examine old works that are no longer read nowadays. We ourselves have proved how



fruitful and valuable, nay inexhaustible, is this mine of observations, which our ancestors have accumulated slowly and silently through many ages. At each step in the study of their works are to be found truths, since forgotten or now thought to be new. To these treasures it is necessary to add fresh acquisitions; and thus—rejoining the long-interrupted chain of medical traditions—with equal trust in the past and confidence in the future, to advance firmly in the designated way, which, though seemingly obscure, will surely lead to the discovery of truth.

USE OF SULPHATE OF QUININE IN MENORRHAGIA.—Dr. Deneffe reports (*Annales de Gand*, June, 1872) two cases from his own practice, confirming the opinion of Monteverdi and Bouqué on the efficacy of sulphate of quinine as supplementary to ergot of rye.

The first was that of a young lady whose menses had usually been regular, but exposure to cold had suddenly suppressed them at the period immediately preceding her illness. Her period coming on again, the flow was abundant, and soon amounted to a menorrhagia. As she was away from home, a physician was called, who prescribed perchloride of iron, but without effect. Returning home to Dr. Deneffe, he ordered sulphate of quinine, to be taken in  $1\frac{1}{4}$  gr. pills every hour; this almost immediately checked the hæmorrhage.

The second case was that of a lady whose menses had been suppressed for a while by the influence of violent emotion, and which afterwards re-appeared with a hæmorrhagic character, alarming the patient. She was confined to her bed, and the least movement increased the flow of blood. Sulphate of quinine was ordered, as in the previous case, and, the better to test the power of the drug, she was ordered to rise and walk about. The next day the menses had lost their hæmorrhagic character, and on the second day they had ceased entirely. These observations seem to support the theory of Monteverdi and Bouqué that quinine acts as an excitant of the involuntary muscular fibres.

## Emilleton.

SAMUEL JOHNSON AND JOHN HUNTER.

In the month of September, 1748, John Hunter first came up to London from his home at Long Calderwood, near Glasgow, to begin the study of anatomy under his brother William. The latter had been established in London about eight years, had met with success, and was then lecturer on Anatomy and Surgery, having succeeded Wm. Sharpe in 1745. John went to reside with William in Jermyn St., and was employed in preparing the anatomical matter to illustrate his brother's lectures. He made rapid progress and became very skilful in dissection, but in other respects we find that he was very much like other young men of his age and occupation. He was eager to take his pleasure after his labor; he was, it would seem, not choice in his associates, liked the theatre not anatomical, and preferred the shilling gallery, especially on first performance nights. He was, I fear, engaged in even more doubtful occupations and amusements, such as robbing graveyards and frequenting low taverns. The child of the old age of his parents, the pet of a fond, indulgent, widowed mother, having little taste for books, he seems to have received no systematic instruction and very imperfect elementary training while at home, but was allowed to roam as he pleased about the village, so that he brought to London little besides his rustic health and vigorous constitution, his indomitable will, his violent temper and his big brain thatched with carroty red hair.

Now in the month of January following, there began to be much talk at his brother's table, where John met some very good company, of a new play to be brought out at Drury Lane Play House, which was then the favorite theatre, Mr. David Garrick, the manager, being the most admired actor of the town and having an excellent company. The play was the tragedy of Irene, a production of one Mr. Samuel Johnson, who had already some reputation as a man of polite learning, having lately published a poem entitled "The Vanity of Human Wishes," and written the lives of Boerhaave and Sydenham, besides other papers for the *Gentleman's Magazine*. He was also the reputed author of the dedication of Dr. James's Medicinal Dictionary. Still though past 40, he was but little known to fame, and this was his first, and we find also his last, effort to attain eminence in



dramatic literature. He has confessed that this tragedy cost him a vast deal of thought and labor. Before producing it he had waited a year beyond the nine allotted by Horace. It had been cut and polished and re-written. Several managers had rejected it. His friend Garrick had argued and disputed with him, wishing him to alter it, especially in the closing scene, even after he had accepted it. Garrick said privately that, not only Johnson had not the faculty to produce tragic impressions, but that he had not the sensibility to perceive them. "When Johnson writes tragedy," said Garrick, "declamation roars and passion sleeps; when Shakespeare wrote he dipped his pen in his own heart."

But our purpose is not so much to speak of tragedy as of a certain comedy "not in the bills," which was enacted at Drury Lane Play House in London on the occasion of the first representation of the tragedy of Irene, on the evening of the 6th of February, 1749. As in the author's opinion befitted the occasion, he appeared this evening behind the scenes, and also in the boxes, arrayed in a brilliant crimson waistcoat with richly gilt lappels, and a gold-laced hat, in which guise, as he confesses, he did not feel much at his ease. He was in the green-room long before the hour, anon peeping nervously through the curtain, anon sententiously skylarking with the young ladies with fair bosoms and silk tights, like a sportive elephant with a herd of antelopes, and anon lumbering to and fro, shaking his head and muttering to himself, with contortions of body, as was his wont. In his company was his friend Mr. Boswell, as he tells us; while among the audience were Sir William Young, an eminent politician, who wrote the epilogue to the play; Topham Beauclerc, and old Gilbert Walsmsley, of Litchfield, who had formerly mingled in the gay world, and was now come up to town in order to verify his prediction that his young townsman would "turn out a fine tragedy writer;" and very likely Dr. Taylor was present, and other friends of Mr. Johnson, besides a large and critical audience, for a first performance at Drury Lane was an event in the London world, and many fair ladies doubtless sighed approval of the opening lines about the "Soft solitudes of dress." In one of the finest boxes I can imagine William Cheselden, Surgeon to His Majesty's Royal Hospital at Chelsea, Fellow of the Royal Society, etc. Sixty years old and at the summit of his fame, a

friend of Pope, an admirer of poetry and patron of the fine arts.

It would seem that, as usually happens on first nights, the piece was delayed. This aroused the impatience of the audience. Before the curtain rose, there began in the seventh heaven of the gallery a vucarme of shrill whistles, stamping, scraping and cat-calls that put poor Mr. Johnson quite in a tremor. This was uncalled for, since thus far he had done nothing to offend, but it suffices to show his state of mind. When asked afterwards how he felt on that evening, that famous man replied, "like the monument," but he should have admitted that he appeared like the monument in an earthquake.

Perhaps one of the most important actors in the comedy which we wish to describe, was a sturdy, freckled, red-headed youth of 20, with grey eyes, beetling brows, gruff voice and strong Scotch accent, who leaned over the railing of the shilling gallery criticizing the performance in language not choice nor canonical. It was plain to see that he was the leading spirit in the frozy crowd that surrounded him, made up of greasy weavers' apprentices from Spitalfields, slatterns out of Holborn, filthy Jews from Field Lane and St. Mary Axe, vagabonds of all sorts, and alas! anatomical students. And who are those fellows with whom our young man and his companions have just been drinking gin at the bar? They are graduates of the old Bailey, who have adopted a new calling, and now appear in flash waistcoats with gold rings and plenty of money. Their names are Crouch and Harnett and Butler, and their profession that of body-snatchers. At the period of which I write, since the Barber-Surgeon alliance was dissolved (that was in '45), no lectures in anatomy could be properly illustrated without the aid of these men, owing to the violence of the common prejudice against human dissections. Their existence as a class was a secret known to but few persons outside of the anatomical schools. Occasionally there were amateur snatchers among the medical students. But the work was esteemed extraordinarily hazardous, for all the churchyards in London were patrolled at night by armed men and every means taken to prevent their being robbed. If detected, no mercy could be hoped for. A poor sexton, merely on suspicion, came near being buried alive in the grave which he was supposed to have rifled. Transportation for life was the lightest punishment. These, then, were the



men in glittering dinner-plates and scarlet waistcoats, with whom we find this young fellow consorting in the shilling gallery of Drury Lane, bantering jests and talking flash language while the classic verse of Samuel Johnson is sounding from the lips of David Garrick. And this young fellow was John Hunter.

We may be sure that these worthies in the gallery did not find the play much to their taste, and I daresay young Jack Hunter wished himself away, and liberally cursed the portentous length and learned dullness of the piece. Labored elegance of trope and metaphor, classic language, classic allusion, classic form, he and his chums cared not a boddle for the whole of it. But at last they were repaid. For when the climax of the piece came, lo! the heroine was to be strangled by the bowstring. Untried and startling effect! Cries of "Murder! — Murder!! — Watch! — Watch!!" with groans and shrieks, choking and gagging resounded through the house, while Jack Hunter's north-country voice sent a roar from the upper regions which drove poor Mr. Johnson to the extremity of terror. If the trembling author looked up, as most probably he did, to the place from whence issued these fearful ululations, he saw, and must have been astonished at the sight, the determined vehemence of passion which John Hunter displayed, and marked the latter's curly red hair, undershot jaw, and strong Scotch features leading on the mob. Mr. Johnson had come dressed and prepared to rise and bow graciously from the boxes in answer to the plaudits of the audience on the success of his piece. Now he looked around for a place to hide his terrified and mortified head. If my story be an authentic narrative, as I am assured it is, we may safely say that Hunter on that occasion accomplished for Belles Lettres what he oftener did afterwards for Science, namely, what no one else had done or could do. Critics and managers had in vain besought Mr. Johnson to alter his tragedy, especially the death scene. But Hunter sent a thrill through Mr. Samuel Johnson, such as Garrick could not compel in the bosom of that great dictionarian, and on the succeeding night Mistress Pritchard, playing the heroine, was no more bowstrung before the astonished body-snatchers, but was, to use the phrase of Mr. Dennis, quietly "worked off" behind the scenes.

What more characteristic than this hearty expression of contempt of young Hunter for the work of Dr. Johnson!

Johnson a man of books, Hunter who hated them; Johnson a logomachist, suggesting a progression of pompous polysyllables, Hunter whose habitual language was far from choice; Johnson compiling a dictionary, Hunter crying out in his lecture, "Of all things on the face of the earth, definitions are the most cursed."

"Unhappy whom to beds of pain,  
Arthritic tyranny consigns,"

writes Johnson; "I'm laid up with a d—d gout," cries Hunter, with thoughts about the nature of Arthritis, such as Dr. Johnson's muse, in her tedious and instrumental labors, never gave birth to.

I own I find a certain pleasure in contemplating this Hogarthian picture of Mr. Johnson in the crowded theatre, smirking in the boxes and trying to appear at his ease in his unaccustomed finery, and in his new rôle of dramatic author, and Jack Hunter among the *profanum vulgus* of the gallery, criticizing the play with his uncompromising plainness of speech and clear Scotch sagacity. I see Mr. Johnson's complacent smile change into confusion and fright. I pity that strumous dogmatist. On the stage poor Mrs. Pritchard, with the bowstring around her neck, is striving in vain to utter her last words, while her feigned looks of horror gradually give way to a real terror; the black slaves, forgetful of their blood thirstiness, turn their frightened eyes now upon the gallery and now upon one another, and the whole party presently, quite unmindful of Mr. Johnson's tragedy, fly from the stage and take refuge behind the scenes in comical dismay. John Hunter alone is master of the situation.

I cannot find that Dr. Johnson and Dr. Hunter were ever acquainted. Dr. Johnson's old master, who used to flog him and call him a stupid-head, was named Hunter. It could not have been a name harmonious or pleasing in the ear of Samuel Johnson.

Once in after life I see John Hunter confronting Dr. Johnson. Mrs. Hunter, who was a fine woman and fond of fashion, received much company at her house and especially cultivated the society of distinguished literary people. It is not strange, therefore, that Dr. Johnson was among her guests on the occasion of a certain soirée, which she gave without consulting her husband, or even inviting him to be present. In the middle of the evening Hunter came home from his professional calls, fully determined to go to work on some experiments which he had in hand, and at such times he allowed nothing to stand in his way. He pushed into the drawing-room,



looked around him in disgust, and cried out, "Mrs. Hunter, what's all this kick-up about? I did 'nt invite these people, and I have come here to study, so I wish the present company to retire." I can imagine Dr. Johnson, as he got himself out of the house, saying—not to Boswell, for he was a Scotchman—"Sir, a man can never arise to eminence in the medical profession, nor indeed in any other, who treats a respectable company in such an unceremonious fashion. But Mr. Hunter is a Scotchman, and what can you expect of a people so deficient in civility."

A. Z.

THE TREATMENT OF ULCERS.—A report on the treatment of ulcers in the various London hospitals is contained in the *British Medical Journal* for June 15th. From all, favorable reports of the employment of skin grafting are elicited.

Mr. George Lawson, of the Middlesex Hospital, regards constitutional treatment as a powerful aid in the treatment of ulcers. Many of the hospital patients have constitutions sadly debilitated by poverty and intemperance. The patient must be made to keep his leg in a horizontal position, and the ulcer be kept clean and covered by strips of lint wet with water or some mild stimulating lotion. Syphilitic ulcers, of course, require specific treatment. The mineral acids, with bark and opium, seem to be the most useful for large and painful ulcers. Opium, properly administered, allays pain, produces sleep, and often, in a very short time, changes the character of the sore. In the large chronic ulcers, with a thickened, brawny condition, skin-grafting is a most useful adjunct.

Mr. Andrew Clark states that under carbolic acid lotion, one part to sixty, with ammonia and bark internally, the ulcers assume a healthy appearance. When healing, a lotion of nitrate of silver, two grains to the ounce, assists this process. Stimulating ointments, as resinous ointments, appear to cause pain, and other ointments, as zinc, appear to interfere with cleanliness.

At King's College Hospital Mr. Wood thinks that by skin grafting the time for the healing of a chronic ulcer is reduced one half. He has thought that in one or two cases the resultant cicatrix has been somewhat less durable than when the wound has been healed by other means.

Mr. Francis Mason, of St. John's Hospital, speaks of 1st, eczematous or inflamed, 2d, œdematous, 3d, serpiginous, ulcers. For the first class he prescribes a saline purga-

tive combined with a little colchicum. After its action he gives an anodyne and applies soothing applications, opiate lotions, a light poultice or water dressing. He discards bandages.

For the œdematous ulcers a bandage often does good, and often it is well to touch them with nitrate of silver. Astringent lotions of sulphate of zinc or the zinc ointment may afterwards be applied.

In the serpiginous ulcer the nitrate of silver may be freely applied, especially under the overhanging edges. Small pieces of lint, either dry or dipped in the lotio nigra, with subsequently astringent lotions, may be packed into the wounds. Give also iodide of potassium internally and blue pill every other night.

At Westminster Hospital Mr. Holt endeavors to procure a moderately healthy granulating surface, by proper position, suitable dressings, &c., taking care to remove with the knife all hypertrophied cuticle. When this has been done, if the ulcer is not very large, he invariably hermetically seals the wound as follows:—

"A square piece of soap strapping, two inches larger than the outer circumference of the ulcer, having a hole made of the exact shape of the ulcer, is applied to the leg. Upon the strapping good collodion is applied with a brush, and over ulcer and strapping one square piece of oiled silk is laid. This at once seals the ulcer; and in order to prevent the edges of the oiled silk from rubbing up, he further fastens them down with small strips of plaster." If the discharge is profuse the sealing must be repeated in a couple of days.

MERCURY.—In the *British Medical Journal* (July 27, 1872) we find the following curious statement as to the early use of mercury as a specific in the treatment of syphilis:—

"Some give Paracelsus the credit of being the first to use mercury in syphilis. This seems to be a mistake. According to Boerhaave, Berengarius was the discoverer of its merits; and the following is from Douglas's *Bibliographia Anatomica*, Lyons, 1734:—*Jacobus Berengarius Carpensis, ita dictus a Carpi civitate in Italia . . . inunctionis ex hydrargyro in curâ luis venereæ primus fuit inventor, illoque solo quæstua mirè opulentes redditus est.*"

POST HOC, PROPTER.—If one uses the weed that accounts for longevity; if he does not use it, that accounts for it too.



## Medical Miscellany.

**RECRUITS.**—About two hundred men offer monthly at the office in New York for artillery and infantry, of whom seventy-five per cent. are rejected. The Germans preponderate in those who pass; the Irish come next, and then the natives of the United States. The mounted service is more successful in obtaining men, though the pay is the same.

**COUP DE SOLEIL.**—A fatal case of sunstroke occurred lately at St. George's Hospital, London. One of the boys belonging to the *Goliath* training ship was struck down just after being reviewed by the Prince of Wales. He was at once carried to the Hospital, but died in a few hours, in spite of treatment. Before death, the temperature exceeded 109°. At the autopsy, nothing was found but very fluid blood and a somewhat congested brain; the lungs and other organs were healthy.

**REMOVAL OF PLASTER OF PARIS BANDAGES.**—This may be readily accomplished by wetting them with a strong solution of common salt. It causes the plaster to crumble, so that the bandage can be readily cut. It is also useful to clean the hands and nails of the operator.

**MORTALITY OF THE SIEGE OF PARIS.**—During the twenty-eight weeks of the siege of Paris, according to Dr. Henry Sneur, the excess of deaths over the mean mortality of the four preceding years and the following year for the same eight weeks, was 52,303. The mortality was least among men between 40 and 60. The diseases chiefly contributing to this great mortality were six—smallpox, bronchitis, pneumonia, typhoid fever, diarrhoea and dysentery.

SEVERAL cases of cholera have recently occurred among the British shipping at Cronstadt.

A CONSIDERABLE sensation has been caused in France recently by the communication of M. Decaisne to the Academy of Medicine on the depopulation of France, indicated by its present vital statistics. Comparing it with Prussia, he states that where there 100 marriages produce 460 children, in France they give only 300. The percentage of births to the population in Prussia is 3.98; in France only 2.55. The annual excess of births over deaths in Prussia is 13,300 per million; in France, 2,400. As to the future, the French population would require 170 years to double itself; that of Prussia 42; that of Great Britain 52; that of Russia 60.

**THE AIR OF HOUSES** should not contain carbonic acid enough to give a precipitate when a ten-ounce bottleful is shaken with half an ounce of clear lime-water.—**DR. R. ANGUS SMITH.**

**THE VALUE OF CUNDURANGO** is thus stated by one of the daily papers:—

"Cundurango yields to cancer, and Mrs. Matthews, Vice President Colfax's mother, in whose case so much was claimed and expected for the new drug, died on Sunday."

THE College of Professors in the University of Vienna have determined on adding a third teacher of clinical midwifery to the two already existing, and have appointed to the position thus created Dr. Gustav Braun, Professor of Midwifery in the Joseph's Academy.

THE King of Sweden has conferred the knighthood of the order of Wasa on Dr. Lewis A. Sayre, of New York.

THE sixteenth annual meeting of Hungarian Naturalists and Physicians will take place at Mehadia in September. The meeting will continue from the 13th to the 21st.

**BOOKS RECEIVED.**—A Manual of Chemical Physiology. By J. L. W. Thudichum, M.D. New York: Wm. Wood & Co. 1872. (From the Publishers.)—On Food, its Varieties, Chemical Composition, &c. By H. Letheby, M.B., Ph.D., &c. Second Edition. New York: Wm. Wood & Co. (From the Publishers.)—Healthy Houses: a Handbook of Drainage, Ventilation, Warming and kindred Subjects. By William Eassie, C.E., F.L.S., &c. New York: D. Appleton & Co. 1872.

*Deaths in thirteen Cities and Towns of Massachusetts, for the week ending August 10, 1872.*

Cities and Towns.	No. of Deaths.	
Boston . . . . .	191	Haverhill . . . . . 13
Worcester . . . . .	27	Holyoke . . . . . 7
Lowell . . . . .	31	
Chelsea . . . . .	12	453
Cambridge . . . . .	33	
Salem . . . . .	17	
Lawrence . . . . .	27	
Springfield . . . . .	13	
Lynn . . . . .	19	
Fitchburg . . . . .	8	
Newburyport . . . . .	8	

### Prevalent Diseases.

Cholera Infantum . . . . .	136
Consumption . . . . .	46
Dysentery & Diarrhoea . . . . .	21
Typhoid Fever . . . . .	15
Pneumonia . . . . .	11
Cholera Morbus . . . . .	7
Scarlet Fever . . . . .	7

Four deaths from smallpox occurred in Boston. Of the deaths from intestinal disorders, 81 occurred in Boston, 13 in Lynn, 12 in Cambridge, 10 in Lawrence, 9 in Worcester, and 7 in Haverhill.

**GEORGE DERRY, M.D.,**  
Secretary of State Board of Health.

**DEATHS IN BOSTON** for the week ending Saturday, August 17, 1872. Males, 114; females, 76. Accident, 5; apoplexy, 5; aneurism of aorta, 1; inflammation of the bowels, 3; disease of the bowels, 1; congestion of the brain, 5; disease of the brain, 5; disease of the bladder, 2; bronchitis, 3; burned, 1; cancer, 1; cholera infantum, 43; cholera morbus, 1; consumption, 14; convulsions, 5; debility, 4; diarrhoea, 4; dropsy, 2; dropsy of brain, 2; dysentery, 3; exhaustion, 1; scarlet fever, 1; typhoid fever, 6; illius fever, 2; gastritis, 1; disease of heart, 6; disease of hip, 1; intemperance, 2; disease of the kidneys, 2; inflammation of knee-joint, 1; disease of the liver, 2; congestion of the lungs, 1; inflammation of the lungs, 6; marasmus, 11; old age, 4; paralysis, 1; premature birth, 2; puerperal disease, 1; peritonitis, 2; pyæmia, 1; rheumatism, 2; scalded, 2; suicide, 1; smallpox, 7; sunstroke, 3; tetting, 1; whooping cough, 2; unknown, 7.

Under 5 years of age, 99;—between 5 and 20 years, 10;—between 20 and 40 years, 37;—between 40 and 60 years, 27;—above 60 years, 16. Born in the United States, 136;—Ireland, 39;—other places, 16.